BEST AVAILABLE CO. .

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS							RAT	E	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			#8 minus 20=		٠ 8		X\$ 9	9=	12	OR	X\$18=		
INDEPENDENT CLAIMS			<i>3</i> minus 3 =				X40)=		OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT		_		+13!	5=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT		427	OR	TOTAL		
CLAIMS AS AMENDED - PART II									127	1011	OTHER	THAN	
		(Column 1)		(Colun		(Column 3) SM		LL	ENTITY	OR	SMALL		
AMENDMENT A	* 8*.	CLAIMS REMAINING AFTER AMENDMENT	o	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
	Independent	*	Minus	***		=	X40	=		OR	X80=	·	
	FIRST PRESE	JLTIPLE DEPENDENT		CLAIM		125		:	7 .	+270=			
							+135)= TAL		OR	TOTAL		
		(Caluman 0)	ADDIT. FEE OR ADDIT. FEE										
AMENDMENT B	,	(Column 1) CLAIMS		(Colur HIGH	IEST	(Column 3)		_	ADDI-	1	*	ADDI-	
	· · · · · · · · · · · · · · · · · · ·	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	RAT	E	TIONAL		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	X40	=		OR	X80=		
	FIRST PRESE	NTATION OF M	LTIPLE DEPENDENT		CLAIM		.125				+270≃		
+135= TOTAL										OR	TOTAL		
								EE		OR	ADDIT. FEE		
_	(Column 1) (Colum CLAIMS HIGH					(Column 3)		_		ı		r	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	•	Minus	***		=	X40			OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
		nber Previously Pa					found in th	e apı	propriate box	k in col	umn 1.		